PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10660518

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
	TAL OLAIMO		(Column	(Column 1)		(Column 2)		TYPE		OR		SMALL ENTITY	
Ľ	OTAL CLAIMS	·	is	ip				RATE	FEE]	RATE	FEE	
FOR			NUMBER	NUMBER FILED		BER EXTRA	Ŀ	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			6 mir	6 minus 20=				X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			7 mi	inus 3 =	*	<i>~</i>	ľ	X42=		OR	X84=	23/	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESĖNT				I	+140=		OR	+280=	ےر ر	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL		OR	TOTAL	INXI	
	С	LAIMS AS A	MENDED) - PAR	T II	N		10.,	L	101.	OTHER	THAN	
	<u> </u>	(Column 1)		(Colun	mn 2)	(Column 3)	_	SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AM	Independent FIRST PRESE	* ENTATION OF MU	Minus ULTIPLE DEF	***	CLAIM	-		X42=		OR	X84=		
		Marion of the	JL111	ENULIA	CLANIN			+140=		OR	+280=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE		··· /	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST FRESE	NTATION OF MU	JLI IPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
							L	TOTAL			TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	AL	ODIT. FEE 👢		, C ,	ADDIT. FEE L		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	I have	
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		\vdash			OH			
* [f the entry in colum	umn 3.	Ŀ	+140=		OR	+280=						
**	If the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously Pa ober Previously Paid	aid For" IN THIS aid For" IN THIS	S SPACE is S SPACE is	less than	n 20, enter "20."		TOTAL DIT. FEE			TOTAL ADDIT. FEE		
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